



Parent Teacher Organization
OF
EAGLE RIDGE
ACADEMY

REIMBURSEMENT REQUEST (for Individuals or Businesses)

Name:

Phone:

Address:

Email:

Reason/Project/Category:

Date Submitted: ___/___/___

Included in Annual Budget

OR

Approved at Meeting
(Date:___/___/___)

Check Payable To:

Amount:

\$

Full Address (if different than above):

Receipt(s) totaling the amount of reimbursement must be attached (photocopy is acceptable).

Approved by (PTO Officer):

Date:

/ /

For Treasurer's Use Only: Category _____ Check # _____ Date _____ Logged _____